Substitute for form 1449/PTO					1	Complete if Known				
INFORMATION DISCLOSURE STATEMENT BY APPLICANT					09/770,765					
(toe at many thout at mentstry)					Filing Date	First Named Inventor		January 25, 2001 Meir Feder		
					First Named Invento					
					Art Unit			2623		
					Examiner Name	Examiner Name		Tran, Hai V.		
Sheet	1 of 1		Attorney Docket Number		150824.05					
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ammer finis	Cite No.1	1 1	- Kind C	Number sdc <sup>2</sup> (of known)	Publication Date MM-DD-YYYY	Name of Pate Applicant of Docume	Csted	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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	ſ	Examiner Signature		Date Considered	
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8 EXAMINER: Intaki if reference considered, whether or not cristion is in conformance with MPEP 609. Dow has through citation if not in conformance and not considered include copy of this form with not consumancion to applicant.

Applican's warpa critical designation anather (options). <sup>2</sup> Jack Carlos of USPTO Phone Decomment at execupating on a MED 901 00. <sup>2</sup> Base (Oblica hair leasted decisionant, by the role code (ONE) Obligated (ST.). <sup>2</sup> To Appendig 107. <sup>2</sup> Base (St.). <sup>2</sup> Base (St.